

Atty. Docket No.: VI/02-017

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

| In re A | Application of: |) | |
|---------|---------------------------|---|--------------------------|
| | DEGENTESH et al. |) | A . W in 2572 |
| Serial | No.: 10/718,260 |) | Art Unit: 3763 |
| Filed: | November 20, 2003 |) | |
| | |) | Examiner: To Be Assigned |
| Title: | MEDICAL CONTAINER |) | |
| | LOADING SYSTEM AND |) | |
| | METHOD FOR USE WITH FLUID |) | |
| | CONTAINERS, SYRINGES AND |) | |
| | MEDICAL INJECTORS |) | |

INFORMATION DISCLOSURE STATEMENT

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Dear Sir:

This Information Disclosure Statement is being filed in accordance with 37 C.F.R. \$\\$ 1.56, 1.97 and 1.98. The items listed on the attached Forms PTO-1449 may be deemed to be relevant to the patentability of the above-identified application, and are made of record to assist the Patent and Trademark Office in its examination of this application. The Examiner is respectfully requested to fully consider the items and to independently ascertain their teaching.

CERTIFICATE OF MAILING

I hereby certify that this paper (along with any referred to as being attached or enclosed) is being deposited with the United States Postal Service on ______, with sufficient postage as first-class mail in an envelope addressed to the: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Gregoly). Bradley

This Information Disclosure Statement is being submitted before a first Office

Action on the merits. Consequently, NO FEE is due for consideration of this Information

Disclosure Statement.

Dated: June 14, 2004

Respectfully submitted,

Gregory I. Bradley Reg. No. 34,299

Medrad, Inc. One Medrad Drive Indianola, PA 15051

Telephone: (412) 767-2400 x3021

PTO/SB/08A (08-03) Approved for use through 07/31/2006. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE r the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

Substitute for form 1449/PTO

Sheet 1

INFORMATION DISCLOSURE STATEMENT BY APPLICANT

(Use as many sheets as necessary)

| Complete if Known | | | | | |
|------------------------|-------------------------|--|--|--|--|
| Application Number | 10/718,260 | | | | |
| Filing Date | November 20, 2003 | | | | |
| First Named Inventor | Degentesh, Drew, et al. | | | | |
| Art Unit | 3763 | | | | |
| Examiner Name | To Be Assigned | | | | |
| Attorney Docket Number | VI/02-017 | | | | |

| • | U. S. PATENT DOCUMENTS | | | | | | | |
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| Examiner Initials* | Cite No. ¹ | Document Number | Publication Date MM-DD-YYYY | Name of Patentee or Applicant of Cited Document | Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear | | | |
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| Examiner Initials* | Cite No.1 | | Publication Date | Name of Patentee or Applicant of Cited Document | Pages, Columns, Lines, Where Relevant Passages | | | | |
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| Examiner | Date | |
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| Signature | Considered | <u></u> |

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| | te for form 1449/PTO | | | Complete if Known | | | |
|-----------------------------------|----------------------|----------|-----------|------------------------|-------------------------|--|--|
| Substitu | te for form 1443/FTO | | | Application Number | 10/718,260 | | |
| INF | ORMATION | DIS | CLOSURE | Filing Date | November 20, 2003 | | |
| STATEMENT BY APPLICANT | | | | First Named Inventor | Degentesh, Drew, et al. | | |
| | (llee ee many sha | oda oa m | occessor) | Art Unit | 3763 | | |
| (Use as many sheets as necessary) | | | | Examiner Name | To Be Assigned | | |
| Sheet | 2 | of | 2 | Attorney Docket Number | VI/02-017 | | |

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| Examiner Initials* | Cite No. ¹ | Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published. | T ² |
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| Examiner | | Date | | |
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¹ Applicant's unique citation designation number (optional). 2 Applicant is to place a check mark here if English language Translation is attached.

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